

AMENDMENTS TO THE SPECIFICATION

Please substitute the following amended paragraph for the paragraph at lines 12-24 of page 1 of the specification:

Valve repair is currently done in open surgical procedures as described, for example, by F. Maisano, et al. in their article entitled "The double-orifice technique as a standardized approach to treat mitral regurgitation due to severe myxomatous disease" which appeared in European Journal of Cardio-thoracic Surgery, Vol. 17 (2000) 201-205. Cumbersome suture management, knot tying, pain and long recovery time are inherent to such open surgical procedures. It now goes without saying that minimally invasive surgery is the preferred procedure, having allowed surgeons to perform procedures with less pain and disability than open surgical procedures. Tissue-connector apparatus and methods usable in such minimally invasive surgery procedures have recently been disclosed in U.S. patent applications Series Nos. 09/089,884 and 09/090,305 both filed June 3, 1998 and Serial Nos. 09/259,705, now U.S. Patent No. 6, 514,265, and 09/260,623 both filed March 1, 2000.

Please substitute the following amended paragraph for the paragraph at lines 15-25 of page 4 of the specification:

The clip assembly 20 according to this embodiment may be referred to as the double-arm clip assembly, characterized as having a clip 22 of a self-closing type with two end points each connected through a flexible member 24 such as a suture to a tissue penetrating needle 25 (as disclosed, for example, in aforementioned U.S. patent applications Serial Nos. 09/259,705, now U.S. Patent No. 6,514,265, and 09/260,623 both filed March 1, 2000, both of which are herein incorporated by reference). Each of the needles 25 has a tissue-piercing sharp point and is connected to a corresponding one of the flexible members 24. As shown more clearly in Fig. 2, the two end points of the clip 22 are each provided with and directly connected to a release mechanism 23 such that it can be released easily from the flexible members 24 and from being constrained to remain in its generally U-shaped open configuration.

Please substitute the following amended paragraph for the paragraph starting at line 27, page 4 and ending at line 18 of page 5 of the specification:

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The clip 22, or a surgical fastener, of the so-called self-closing type may be one disclosed in aforementioned U.S. patent applications Series Nos. 09/089,884 and 09/090,305 both filed June 3, 1998 (herein also incorporated by reference), as well as in aforementioned U.S. patent applications Serial Nos. 09/259,705, now U.S. Patent No. 6,514,265, and 09/260,623, characterized as having two end points, being generally U-shaped when in an open configuration (as shown in Figs. 1 and 2), being naturally in a closed configuration (state or condition) and being elastic (or pseudoelastic, but herein broadly characterized as being "elastic") so as to tend to return to the closed configuration by reducing the separation distance between its end points when forced into an open configuration. As disclosed in aforementioned U.S. patent applications Series Nos. 09/089,884 and 09/090,305, such a clip 22 may comprise a deformable wire made of a shape memory alloy such as a nickel titanium based alloy (nitinol). It is also known that the alloy may include additional elements, depending on the desired yield strength of the material or the temperature at which particular pseudoelastic or shape transformation characteristics occur. When the clip 22 is in its closed configuration (not shown) with no external restraining force thereupon, it may be in a completely closed loop with its end points in a side-by-side or overlapping orientation, the wire being looped by more than 360°. The diameter of the wire for the clip 22 and the diameter of the loop when it is in the closed configuration may be selected, depending on the application, and do not limit the scope of the invention.